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6.01 POLICY

It is Department of Veterans Affairs (VA) policy to encourage programs which enhance the quality of life for veteran-patients. The Independent Living Program (ILP) is an important link in the transition of the spinal cord injured veteran from the medical center to community life. ILP is designed to promote life in the least restrictive community environment for the spinal cord injury (SCI) veteran.

6.02 DEFINITION

IL has been defined as having control over one's life based on a choice of acceptable alternatives which minimize the disabled person's reliance on others for decision making and performing everyday activities. In support of this concept, basic IL activities have been provided to SCI veterans for a number of years.

6.03 GOALS

The goal of these activities is to allow the veteran, without the services of others or with reduced level of services of others, to live and function within such veteran's family and community. Furthermore, it has been demonstrated that as SCI veterans become more independent, their quality of life improves, and they require fewer services from VA. This decrease in demand translates into savings for VA.

6.04 BENEFITS

A number of benefits may be derived from ILP Activities. The successful employment of sufficient IL training and services should result in the following improvements:

a. Decreased inpatient length-of-stay;

b. Decreased physical dependency of SCI veterans on VA;

c. Decreased episodes of rehospitalization;

d. Increased staff morale;

e. Decreased social admissions;

f. Decreased outside/political pressure;

g. Decreased suicide rate/depression/substance abuse;

h. Decreased family deterioration;

i. Decreased financial dependency; and

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j. Most importantly, increased quality of life for the SCI veteran.

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6.05 BASIC IL ACTIVITIES

a. These are fundamental evaluation/assessment, training, service, and educational activities that have proven to be effective in increasing the independence of SCI veterans. Currently, most SCI centers provide some, but not all, of these activities. Furthermore, not all of the activities available are provided to the degree necessary. Typically, the number of core IL activities provided in a particular SCI Center and the degree to which they are provided correlates quite closely with the level of resources available to the center.

b. Basic IL activities by category include, but are not limited to:

(1) Evaluation and/or assessment to include vocational aptitude testing;

(2) Skill training, as in:

(a) Self-management (e.g., being able to exercise control over one's own life);

(b) Learning to socialize (e.g., being able to interact appropriately with others and the ability to plan for and engage in leisure time activities);

(c) Activities of daily living (e.g., activities which persons perform on their own behalf in maintaining life, health, and well-being);

(d) Training in vocational interests/aptitudes (e.g., a measurement of an individual's intellectual, physical and interest functions in a work setting);

(e) Use of adaptive equipment (e.g., use of devices designed to complement disability by increasing function and assisting with activities of daily living);

(f) Selecting, hiring and training attendant;

(g) Prevocational/work adjustment training.

(3) Service Delivery

(a) Transportation (e.g., to provide the means to facilitate all aspects of mobility within the community);

(b) Community reintegration (e.g., to provide and facilitate experimental opportunities within the community);

(c) Family support (e.g., education, training, counseling to enhance the quality of life for the SCI individual and/or the individual's family);

(d) Peer counseling networking (e.g., to facilitate contact and outreach among SCI individuals and significant other(s) in the community);

(e) Marital and/or sexual counseling (e.g., to provide professional intervention in marital and sexual matters);

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(f) Purchase of adaptive equipment (e.g., familiarize staff and patients with all aspects of the identification and procurement of adaptive equipment); and

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(g) Motivational training (e.g., workshops or programs to foster and strengthen the SCI individual's independence in the community).

(4) Education. Training to assess living accommodation (e.g., provide staff with special knowledge to assess the need of disabled veterans and developing barrier-free living accommodations).

6.06 EXTENDED IL ACTIVITIES

a. Extended IL activities include enhanced evaluation and/or assessment, training, service and educational activities that are very helpful in increasing the independence of SCI veterans to the highest level currently possible.

b. Few SCI centers provide any of these additional activities and those that do provide them with donated resources. A list of extended IL activities by category are:

(1) Evaluation and/or assessment, to include:

(a) Self-determination (e.g., the degree to which the patient takes responsibility for directing the patient's own life, exercising self-choice and setting own goals);

(b) Assessing work readiness (e.g., the patient's potential for participation in programs designed to achieve vocational goals, improve job opportunity, avocational pursuit, and maximum independence in daily living);

(c) Follow-up monitoring (e.g., the quality and appropriateness of Independent Living Activities will be monitored and evaluated on a systematic basis); and

(d) Supplemental psychosocial evaluation (e.g., the supplemental psychosocial evaluation should emphasize the patient's present social situation).

(2) Skill Training

(a) Increase problem-solving and decision-making (e.g., the integration of attention to task, information access, organization planning and judgment; and the ability to modify, transform and organize information to generate a solution);

(b) Enrichment and leisure life-style (e.g., the reinforcing properties of a pleasurable activity for the purpose of systematically changing a target behavior);

(c) Improving job opportunities (e.g., a networking of community resources, both private and public, to educate the employee and the general public);

(d) Job training (e.g., a service rendered to individuals who require additional knowledge or skills to enter employment consistent with their

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aptitudes and abilities and compatible with their physical or mental impairment);

(e) Shopping (e.g., those skills that will provide the individual with the ability to prepare meals with sufficient variety and balanced nourishment, and ability to shop for and store food properly);

(f) Computer skill for education, vocation;

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(g) Financial planning (e.g., the involvement of long-term budgeting, tax planning or self-advocacy in interacting with agencies and programs that provide benefits to handicapped individuals);

(h) Purchasing and using educational recreational equipment;

(i) Transitional living off station (e.g., skilled training which is provided for a period of time to prepare the disabled individual for living independently in the community).

(3) Service Delivery

(a) Post-discharge counseling (e.g., guidance provided, upon discharge for the SCI individual and/or significant other to facilitate post-hospital psychological adjustment);

(b) Contracting for services (e.g., coordinating and engaging with existing or potential community resources to provide continuing or additional services upon hospital discharge);

(c) Transitional living off station (e.g., to provide residential arrangements in the community for new SCI individuals and/or significant other, on a time-limited basis, in order to ease the transition from hospital to community living);

(d) Prevention and treatment of substance abuse (e.g., to provide prevention, identification, education, detoxification, and long-term intervention of substance abuse).

(4) Education

(a) Teaching about and utilizing community resources (e.g., teaching the veteran the use of new or existing support services to fulfill health and social needs of the veteran);

(b) Computer-assisted instruction in the skill areas of education, e.g., preparation for general education; recreation (e.g., restoring self-confidence and developing resocialization skills; and vocation, e.g., assess vocational potential of veteran and determine vocational goal and attainment plan);

(c) Staff training for sexual/psychosocial counseling (e.g., provide staff with specialized knowledge and counseling skills);

(d) Skill training for independent living (e.g., to provide the staff specialized knowledge and skills that reflect (the recognition of the magnitude of disruption of physical social, emotional, and vocational status and to bridge the gap between dependence and independence) the profound impact of disability upon individuals and their significant others);

(e) Community advocacy education (e.g., independent and concerted movement on the part of disabled veterans to ensure that necessary services in the community are provided to enhance independent living);

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(f) Purchasing and using educational, recreational equipment (e.g., Automated Data Processing (ADP) equipment and computer-assisted software packages that include educational programs and games);

(g) Teaching patient IL policies and procedures (e.g., a manual for veterans and a guideline for staff to assist them in providing high-quality care).

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6.07 FUNDING

a. The Chief, SCI Service, is responsible for initiating and seeking the funds for the ILP of the SCI Service.

b. Beginning in 1983, extended and additional IL training and services were made available to patients in selected SCI centers. The process of applying for funding from the Independent Living Program funds can be characterized best as a simplified version of the traditional grant model. Each year a request-for-proposal letter is forwarded to each of the medical centers with SCI centers. Interested centers develop single-year proposals for the next fiscal year and submit them to SCI Programs (117F), VA Central Office, for review. Proposals are reviewed by a committee according to predetermined criteria, and the proposals which most closely fulfill the criteria are recommended for funding. Upon approval of the recommendations, nonrecurring funds are distributed to the selected centers for the subject fiscal year.

6.08 IL GRANT PROGRAM

a. IL Grant Program Requirements. General requirements pertaining to the grant program are as follows:

(1) Proposal must be for a genuine IL activity(ies);

(2) Strengthening the relationship with the community should be a component of every proposal;

(3) Proposals are solicited on an annual basis according to the schedule in paragraph d;

(4) There is no cap on the amount of funding that can be requested in the grant proposal;

(5) Proposals for recurring programs are acceptable and can be approved for annual noncompetitive review;

(6) Proposals for multiphase programs are acceptable and can be approved for annual noncompetitive review;

(7) Support for recurring or multiphase programs cannot exceed 3 years;

(8) Multicomponent proposals are acceptable;

(9) Annual reports summarizing accomplishments and benefits achieved will be submitted by grant recipients.

b. Applications. There is no specific grant application form required. However, each proposal or application should adhere to the format as follows:

(1) Name of medical center;

(2) Fiscal year activity is proposed to begin;

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(3) Identification and justification of patients' IL needs;

(4) Description of goals and objectives of proposal;

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(5) Explanation of approach(es) and methodology(ies);

(6) Specification of all resources required including public, commercial, and charitable;

(7) Specification of existing resources and a statement of their availability and level of commitment;

(8) Specification of nonexistent resources and a statement of their availability and cost;

(9) Description of expected outcomes/benefits unique to this proposal; and

(10) Identification of criteria for program evaluation.

c. Review Criteria and Scoring Scheme. All proposals will be judged according to the six criteria following; each criterion has a relative value, expressed as a percent following each criterion.

(1) Proposed training or service is not available through VA or the community (40 percent);

(2) Approximation to expected benefits as listed in (1) (10 percent);

(3) Cost-effectiveness (20 percent);

(4) Extent of integration of IL activities with community resources (5 percent);

(5) Extent of increasing patients' independence (specific activity) (15 percent);

(6) Resources available in medical center to implement the project (10 percent).

d. Grant Program Cycle. The grant program cycle will occur in the fiscal year immediately preceding the one in which the program will be funded. The cycle is as follows:

(1) November 15. Request for proposals forwarded to medical centers with SCI centers;

(2) February 1. Applications received by SCI Programs (117F), VA Central Office, 810 Vermont Avenue, Washington, DC, 20420;

(3) February 15. Review Board convenes;

(4) March 1. Board forwards awards recommendations;

(5) April 1. Medical centers notified of awards decisions;

(6) October 1. Implementation of approved proposals begins;

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(7) October 31. (Of the year following the beginning of the implementation) Annual Program Assessment Report due to SCI Programs (117F), VA Central Office, 810 Vermont Avenue, NW, Washington, DC, 20420;

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e. Annual Program Assessment Report. Using the program evaluation criteria developed as part of the original approved application, were goals and objectives of the proposal.

(1) Specifically, what benefits were achieved through the IL funding you received?

(2) Specifically, account for the funds you were provided; how/on what were they spent? Were funds left over? How much?

(3) Please use the following format for the Annual Program Assessment Report on 11x8.5 paper. Goals/Objectives should be rated, A, B, or C (using "A" for not completely realized; "B" for having met; and "C" for exceeded).

Item/Activity	Goals/Objectives (A,B,C)	Cost

(4) Items should be numbered chronologically. Comments on items should be listed at the bottom with corresponding numbers.

(5) Be sure to include the ending balance in the account.

f. Composition of Review Board. The Review Board is composed of the major health care disciplines associated with the provision of IL training and services. There are permanent and rotating members.

(1) The membership is as follows:

(a) Chairman. Director, SCI Programs, VA Central Office (permanent)

(b) Member. Director, Social Work Service, VA Central Office (permanent)

(c) Member. Director, Rehabilitation Medicine Service, VA Central Office (permanent)

(d) Member. Chief, SCI Service (rotating, with a 1-year term)

(e) Member. IL or Home Care Coordinator (rotating, with a 1-year term)

(2) Rotating members will be appointed by the chairman in January prior to the convening of the Review Board the following May.